

Filing at a Glance

Companies: Farmington Casualty Company, The Standard Fire Insurance Company, Travelers Casualty Insurance Company of America, Travelers Commercial Casualty Company

Product Name: Workers Compensation & SERFF Tr Num: TRVD-125222591 State: Arkansas

Employers Liability Waiver of Subrogation Rule

Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025333

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: 2007-05-0056-A

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Carol Stiffler

Authors: Brenda Dinnald, Elvira
Pishkina

Disposition Date: 07-05-2007

Date Submitted: 07-05-2007

Disposition Status: Approved

Effective Date Requested (New): 08-15-2007

Effective Date (New): 08-15-2007

Effective Date Requested (Renewal): 08-15-2007

Effective Date (Renewal):

General Information

Project Name: Workers Compensation & Employers Liability Waiver of Subrogation Rule Filing Status of Filing in Domicile: Authorized

Project Number: 2007-05-0056-A

Domicile Status Comments: n/a

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 07-05-2007

State Status Changed: 07-05-2007

Deemer Date:

Corresponding Filing Tracking Number: 2007-05-0056

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached filing for your review and consideration.

This filing consists of our Waiver of Subrogation Rule which sets forth the rating procedure for Waiver of Right to Recover From Others when issued in conjunction with the Workers Compensation and Employers Liability Policy. This pricing approach allows the underwriter to recognize various risk characteristics of the waiver contract such as terms and conditions, nature of the work being undertaken and the potential for third party causes of loss, as well as the type of rating plan (Guaranteed Cost or Loss Sensitive Rating Plans). We believe this rating procedure is consistent with the marketplace and will allow us to be competitive when writing this coverage.

Company and Contact

Filing Contact Information

Brenda Dinnald, Regulatory Analyst	BDINNALD@travelers.com
One Tower Square	(860) 277-4444 [Phone]
Hartford, CT 06183	(860) 954-0580[FAX]

Filing Company Information

Farmington Casualty Company	CoCode: 41483	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-1067463	

The Standard Fire Insurance Company	CoCode: 19070	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-6033509	

Travelers Casualty Insurance Company of America	CoCode: 19046	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0876835	

Travelers Commercial Casualty Company	CoCode: 40282	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 95-3634110	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per worjer's compensation rule filing
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
05782158	\$25.00	07-02-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-05-2007	07-05-2007

Disposition

Disposition Date: 07-05-2007

Effective Date (New): 08-15-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Workers Compensation & Employers Liability State Exception Page	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Workers Compensation & Employers Liability State Exception Page	WC-EX-AR-1	New	WC-EX-AR-1 Eff. 7-01-07.pdf

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
STATE EXCEPTION PAGE
ARKANSAS**

BASIC MANUAL – RULES

A. EXPLANATION AND APPLICATION

22. Waiver of Right to Recover From Others (Subrogation)

a. Explanation

It is permissible in Arkansas to issue a Standard Policy with the provision that allows the carrier to waive its right of recovery against anyone liable for the injury covered by the policy. Attach the Waiver of Our Right to Recover From Others Endorsement (WC 00 03 13) to waive right of recovery.

b. Premium Determination

For Voluntary Business

The additional premium charge for a blanket waiver of subrogation shall be 0% - 7% of the policy premium for which the waiver is provided; subject to a \$250 minimum annual policy charge.

The additional premium charge for a specific waiver shall be 0% - 7% of the premium developed in conjunction with the work for which the waiver is provided; subject to a \$250 minimum annual policy charge.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-05-2007
Comments:			
Attachments:			
	AR NAIC Transmittal 2007-05-0056-A.pdf		
	Rate-Rule Schedule 2007-05-0056-A.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-05-2007
Bypass Reason:	n/a		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-05-2007
Bypass Reason:	n/a		
Comments:			
Satisfied -Name:	Cover Letter	Review Status: Approved	07-05-2007
Comments:			
Attachment:			
	AR 2007-05-0056-A Cover Letter.pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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h. Subject Codes																					


3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548
	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty Insurance Company of America	CT	19046	06-0876835	
Travelers Commercial Casualty Company	CT	40282	95-3634110	
Farmington Casualty Company	CT	25682	06-0336212	
The Standard Fire Insurance Company	CT	19070	06-6033509	

5. Company Tracking Number	2007-05-0056-A
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Brenda Dinnald Travelers One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-4444	(860) 954-0580	BDINNALD@Travelers.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Brenda Dinnald

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0
10. Sub-Type of Insurance (Sub-TOI)	16.0000
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08-15-2007 Renewal: 08-15-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	07-05-2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-05-0056-A
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached filing for your review and consideration.

This filing consists of our Waiver of Subrogation Rule which sets forth the rating procedure for Waiver of Right to Recover From Others when issued in conjunction with the Workers' Compensation and Employers Liability Policy. This pricing approach allows the underwriter to recognize various risk characteristics of the waiver contract such as terms and conditions, nature of the work being undertaken and the potential for third party causes of loss, as well as the type of rating plan (Guaranteed Cost or Loss Sensitive Rating Plans). We believe this rating procedure is consistent with the marketplace and will allow us to be competitive when writing this coverage.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: 05782158 Amount: \$25.00
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2007-05-0056-A
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Workers Compensation and Employers Liability Arkansas State Exception Page WC-EX-AR-1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Brenda Dinnald
Regulatory Analyst
Regulatory Affairs, Business Insurance
One Tower Square, 8MN
Hartford, CT 06183
(860) 277-4444; (860) 954-0580 Fax
bdinnald@travelers.com

July 5, 2007

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Travelers Casualty Insurance Company of America	3548-19046
Travelers Commercial Casualty Company	3548-40282
Farmington Casualty Insurance Company	3548-41483
The Standard Fire Insurance Company	3548-19070

Workers' Compensation and Employers Liability
Rule Submission
Our Company Filing Number: 2007-05-0056-A

Dear Commissioner Bowman:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached filing for your review and consideration.

This filing consists of our Waiver of Subrogation Rule which sets forth the rating procedure for Waiver of Right to Recover From Others when issued in conjunction with the Workers' Compensation and Employers Liability Policy. This pricing approach allows the underwriter to recognize various risk characteristics of the waiver contract such as terms and conditions, nature of the work being undertaken and the potential for third party causes of loss, as well as the type of rating plan (Guaranteed Cost or Loss Sensitive Rating Plans). We believe this rating procedure is consistent with the marketplace and will allow us to be competitive when writing this coverage.

We plan to implement these changes with respect to policies effective on or after August 15, 2007. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me.

Sincerely,

Brenda Dinnald
Regulatory Analyst
BD/ts
Enclosures